

THILANINE IN ECZEMA.

SAALFELD (*Therap. Monatshefte*, Nov. 1892) speaks well of this mildly stimulating remedy in some cases of eczema and in the superficial inflammations. It has the advantage of not producing irritation. It is obtained by the action of sulphur upon lanolin, contains three per cent. of sulphur, has a yellowish-brown color, and is of the consistence of lanolin.

PAGET'S DISEASE OF NIPPLE TREATED WITH FUCHSIN.

GEO. J. ELLIOTT (*Journ. of Cut. and Gen.-urin Dis.*, July, 1892) obtained favorable results with an ointment of fuchsin, three or four grains to the ounce of equal parts of lanolin and cold-cream ointment. It is not brought forward as a curative agent, but as a remedy which stays the progress of the disease, relieves the itching and soreness, aids cicatrization, and is useful where operative interference is not permissible.

TRICHLORACETIC ACID IN SKIN AND GENITAL DISEASES.

A. LANZ (*Archiv für Derm. u. Syph.*, Heft 4, 1892) speaks highly of the value of this substance as an application in papillomata, warts, pigment spots, and in chronic and papillomatous urethritis. It is almost painless, and, using caution, does not scar appreciably.

OPHTHALMOLOGY.

UNDER THE CHARGE OF

GEORGE A. BERRY, M.B., F.R.C.S. EDIN.,
OPHTHALMIC SURGEON, EDINBURGH ROYAL INFIRMARY;

AND

EDWARD JACKSON, A.M., M.D.,
PROFESSOR OF DISEASES OF THE EYE IN THE PHILADELPHIA POLYCLINIC; SURGEON TO
WILLS EYE HOSPITAL, ETC.

SARCOMA OF THE CHOROID.

DRS. THOMAS REID and A. MAITLAND RAMSAY report (*Glasgow Med. Journ.*, vol. xxxviii., No. 3) unusual cases of sarcoma originating within the eye. Reid's two cases were both of them marked by degenerative changes in one part of the tumor, with the development of new-formed tissue in another portion. One of these cases had developed within a year, and the other was of six years' standing. The latter terminated with secondary growths in the abdomen, and death a few months after the enucleation of the globe. Ramsay's case was also of six years' duration, and the tumor had been evident outside the eyeball by the end of the second year. At the time of removal it

occupied the whole orbit, extending back into the optic foramen. The original growth within the eyeball, however, was found to be only the size of a millet-seed.

TREATMENT OF CONGENITAL CATARACT.

M. DOR (*Revue générale d'Ophthalmologie*, tome xi., No. 5) classifies these cataracts as pyramidal, zonular, nuclear, total, and the unusual. In the great majority of pyramidal cataracts, vision is such that no treatment is required; yet in some an iridectomy for optical purposes may be indicated.

For zonular or lamellar cataract, when the opaque portion is not over 5 or $5\frac{1}{2}$ mm., he does iridectomy, the sphincterectomy with Wecker's scissors being an ideal operation but difficult to practise. If the opaque portion of the lens be over $5\frac{1}{2}$ mm. across, the lens is removed, the method of removal depending on the age of the patient. Under eight or ten years this will be by discission, repeated if necessary. Between ten and twenty years discission is done to hasten the opacification, and as soon as this is sufficiently advanced the lens is extracted by a modified linear method. Beyond twenty years the preliminary discission is to be followed by extraction with the upward flap operation without iridectomy.

Central or hard nuclear congenital cataract is to be treated in precisely the same way as the zonular.

Total congenital cataract is the form most frequently hereditary, often appearing some time subsequent to birth. If soft or liquid, the operation of choice is discission, which in case of undue irritation can be followed in a day or two by opening the anterior chamber with a paracentesis needle or lance-shaped keratome. The operation by suction is abandoned.

In cataracts of unusual forms each case must be considered by itself, and treated by the correction of ametropia, iridectomy, discission, or extraction according to the principles laid down for the other varieties.

CIRCUMBULAR DERMOID CYSTS.

DR. J. MITVALSKY records the following conclusions (*Archives of Ophthalmology*, vol. xxi., No. 3) from a study of seventeen cases drawn from the clinic of Prof. Schöbl, of Prague: Such cysts on the surface of the body occur by preference in certain localities, and in greatest number in the neighborhood of the eyeball. Of these, fourteen were within the bony margin of the orbit, twelve at the outer, and two at the inner commissure. Two of the others were outside the bony margin and below the brow, and one lay below the external commissure at the margin of the zygoma. In structure these cysts vary widely, the wall always containing connective tissue, corium, and epidermis, and varying as to the presence of papillæ, muscle, and the various adnexa of the skin. Those showing hairs and glands were the most common. One case had sweat glands alone, and in one all the adnexa were absent.

The nearer the cyst is to fetal life the smaller it is, and the more regular its structure and the distribution of the adnexa. It becomes distended with the secretion of the sebaceous and sweat glands and the cast-off epidermic scales. Either the distention is uniform, in which case the adnexa are equally

distributed over the cyst-wall, or particular portions yield to pressure, becoming thinned and devoid of glands or hairs; while other portions retain them in their original relations. In the latter form of distention some of the sweat glands may be so distorted as to prevent the escape of their secretion, so that they become separately distended.

A minority of the cysts show parts that are devoid of any epidermoidal lining, there being instead new-formed tissue composed of round, formative, and giant cells. This tissue shows a decided tendency to become cicatricial but the cicatrix does not become covered with epithelium. The ulcerative process which inaugurates these changes stands in no definite relation to the age of the individual, but the anterior, more exposed portions of the tumor are first involved in it.

The secondary pathological changes include the formation of hyaline cartilage, calcareous degeneration, ossification, a degeneration into a peculiar tissue containing ganglion cells, hyperplastic arterial changes, and collections of lymphoid cells resembling follicles. The cyst-contents consist of fluid, atheromatous masses, epithelium, and oil either yellow or colorless.

These cysts have been in practice and in literature very frequently confounded with acquired retention-cysts or atheromata. Clinically, the dermoids are covered with movable skin, and lie close to the bone, upon which they may be movable or fixed; the atheromata move with the skin, and develop on the forehead, brow, and cheek, instead of the places of predilection for the dermoids. Dermoids with oily contents are transparent; atheromata are always opaque.

ACUTE PURULENT OPHTHALMIA.

W. T. HOLMES SPICER reports (*Royal London Ophthalmic Hosp. Rep.*, vol. xii., part ii.) an analysis of one hundred and fifty-eight cases, occurring almost entirely in adults, and treated in the Moorfields and St. Thomas hospitals. The most noteworthy results of the study of the subject are that it shows the extreme danger of postponing treatment—in other words, the great value of treatment; the increasing danger to the eye with increasing age; the weakening of the activity of the poison with the duration of the discharge; the care needed in the application of the protective shield to the sound eye; and, above all, the very great superiority of strong solutions of nitrate of silver over all other forms of local applications.

PROLAPSE OF THE IRIS AFTER THE SIMPLE EXTRACTION OF CATARACT.

DR. PARINAUD (*Recueil d'Ophthalmologie*, ann. xiii., No. 6) speaks of this as one of the two principal drawbacks to extraction without iridectomy, the other being the difficulty about completely evacuating all remnants of cortex and the consequent risk of secondary cataract. Prolapse he considers as of two kinds, due in general to quite distinct causes. Primary prolapse depends on anatomical conditions, and especially the situation and inclination of the incision. Secondary prolapse is due to a sudden reopening of the wound after union has commenced.

The liability to prolapse is increased according as the incision is made in

the periphery, that is, close to the base of the iris, and by making its direction perpendicular to the surface of the cornea the entanglement of the iris in the wound is facilitated. The original Graefe incision was about the most liable to this accident, and could not be used without iridectomy. To prevent primary prolapse Parinaud recommends the making of the incision within the clear cornea, so as to secure a flap three or four millimetres in height. If, at the completion of the operation, the iris does not incline to return to its normal position with a central round pupil, it may be well to wait some minutes, making light friction over the eyeball through the closed lids, and then to make another attempt to bring it into position by lightly stroking it with the spatula. If this does not secure its proper reposition it is better to do an iridectomy at once. When the anterior chamber is opened Parinaud believes that eserine can exert but a brief and feeble influence in contracting the pupil and keeping the iris in place, and that its use is, therefore, dangerous, because it gives a mistaken sense of security.

Secondary prolapse is favored by movements of the patient or by disturbance of the dressings or violence to the eye. To prevent it absolute quiet must be enjoined for the first three days, and as a precaution he would do iridectomy without other indications if the patient were restless or had asthma, or chronic bronchitis, or were so so fleshy that any movement of the body would be liable to require considerable effort. When the prolapse has occurred and the staphyloma shows no tendency to disappear or diminish, instead of attempting to excise it he prefers to touch it with the galvanocautery at intervals of three or four days—a safe and easy treatment, very satisfactory in its influence in securing the firm healing of the part.

HYPERÆSTHESIA PRODUCED BY THE APPLICATION OF COCAINE.

DR. E. MILLÉE reports (*Recueil d'Ophthalmologie*, ann. xiii., No. 6) a case in which the instillation of an ordinary solution of cocaine seemed to markedly increase the suffering caused by cataract extraction. The patient, a woman aged seventy-four years, submitted to a double extraction at Dr. Galezowski's clinic. Cocaine was freely used in the first eye, but the pain caused by the operation was so great that it was decided to try the other eye without it. It was done on the same day, and her behavior and statements indicated that the suffering was notably less with the second eye, although the operation was more prolonged. Both did well subsequently. The solution employed was used on other patients immediately before and immediately after it was used on this one, producing only the ordinary effects; her eyes were at the time free from any inflammatory complication.

PERITOMY IN PHLYCTENULAR PANNUS AND KERATITIS.

DR. VERREY (*Revue Médicale de la Suisse Romande*, ann. xi., No. 11) reports twenty cases in which he resorted to this operation. The strip of conjunctiva removed was usually three or four millimetres in width, and the retraction of the parts widened the space of exposed sclera to six or seven millimetres, which space was scarified so as to sever all the vessels possible at the close of the operation. He believes the operation is not known and

practised as it should be, and claims for it the advantages of certainty in the result, rapidity of cure, and reduction to a minimum of the permanent corneal opacity remaining, and that its performance is quite within the ability of the general practitioner.

OBSTETRICS.

UNDER THE CHARGE OF

EDWARD P. DAVIS, A.M., M.D.,

PROFESSOR OF OBSTETRICS AND DISEASES OF INFANCY IN THE PHILADELPHIA POLYCLINIC;

CLINICAL PROFESSOR OF DISEASES OF CHILDREN IN THE WOMAN'S MEDICAL COLLEGE;

CLINICAL LECTURER ON OBSTETRICS IN THE JEFFERSON MEDICAL COLLEGE;

VISITING OBSTETRICIAN TO THE PHILADELPHIA HOSPITAL, ETC.

INTRA-UTERINE INJECTIONS OF GLYCERIN TO PROMOTE THE PAINS OF LABOR.

PELZER (in the *Archiv für Gynäkologie*, Band. xlii., Heft 2) reports four cases of lingering labor in which intra-uterine injections of glycerin were employed to increase the vigor of uterine contractions. A suitable syringe is filled with glycerin and connected by a rubber tube with an intra-uterine catheter. Air is carefully expelled from the catheter, which is then introduced as far as possible upon the posterior wall of the uterus, and within the os and cervix. Several ounces of glycerin are injected; to prevent its speedy expulsion, the patient is put upon the side in Sims's position, or in the knee-chest position.

ECTOPIC GESTATION, WITH THE BIRTH OF A VIABLE CHILD BY ABDOMINAL SECTION.

BOKELMANN reports (*Centralblatt für Gynäkologie*, 1892, No. 46) the case of a multipara who had ectopic gestation. The pregnancy was intra-ligamentary, and fetal movements and heart-sounds were plainly perceived. Signs of fetal death appeared, the patient lost flesh and strength, and suffered from rise of temperature. Abdominal section was performed, the fetal sac stitched to the abdominal wall, and the fetus removed. The sac was irrigated with 4 per cent. solution of boric acid, powdered with benzoate of sodium, and tamponed with iodoform gauze. Uninterrupted recovery followed.

In the same journal, VEIT reports ectopic gestation with total extirpation of the fetal sac and rupture of the mesocolon through extensive adhesions. The lesions were repaired by catgut, and the patient made a good recovery. In discussing this case, OLSHAUSEN remarked that the belief commonly held that interference with the mesentery will result in gangrene of the intestine is without foundation; in his own experience he had seen post-mortem examinations on two patients dying the sixth and seventh day after abdominal